UNITED STATES DISTRICT COURT

for the

Northern District of Calfornia

FRANK J. FERNANDEZ	,
Plaintiff)
v.	Civil Action No. CV 08-01266 CRB
SUSAN RISENMOOVER)
Defendant)
Summons	in a Civil Action
To: (Defendant's name and address)	
see Attachment	
A lawsuit has been filed against you.	
	ns on you (not counting the day you received it), you must serve notion under Rule 12 of the Federal Rules of Civil Procedure. The ney, whose name and address are:
Frank J. Fernandez, D-61222, P.O. Box 7500, D.	3-110, Crescent City, CA 95531
If you fail to do so, judgment by default will be entered a must file your answer or motion with the court.	against you for the relief demanded in the complaint. You also
	Yaihand W. Wieking
Date: 8/27/08	Name of olors of court Re Qu Roxu
	Deputy clerk's signature

Proof of Service

by:	serjuly that I served the summons an	d complaint in this case on
(1) personally deliver	ing a copy of each to the individual a	at this place,; or
(2) leaving a copy of		isual place of abode with
	of each to an agent authorized by app	pointment or by law to receive it whose name is; or
	nons unexecuted to the court clerk o	
(3) other (specify)		
-		for services, for a total of \$
Date:		Server's signature
	-	Printed name and title
	-	Server's address

Attachment to Civil Summons: Case No. <u>C 08-1266 CRB</u>

Susan Risenhoover, FNP Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95531

Michael Sayre, MD Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95531

C.E. Wilber, CC II Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95531

Joseph J. Kravitz Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95531

Maureen McLean, FNP Pelican Bay State Prison P.O. Box 7500 Crescent City, CA 95531

R. Pimmentel, Captain California Department of Corrections P.O. Box 942883 Sacramento, CA 94283-0001

N. Grannis Chief of Inmate Appeals California Department of Corrections P.O. Box 942883 Sacramento, CA 94283-0001

<u>Case 3:08-cv-01266-CRB</u> <u>Document 5</u>-2 Filed 08/27/2008 Page 1 of 7

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Frank J. Fernandez				COURT CASE NU C 08-1266 CRE		
DEFENDANT			·	TYPE OF PROCE		
Susan Risenhoover, et al.				Summons, Orde		nplaint
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111	-	-	•			
<u>*</u>	Prison, P.O. Box 7	<u>-</u>				
SEND NOTICE OF SERVICE COPY TO	O REQUESTER AT NA	AME AND ADDRE	SS BELOW	Number of process to be served with this Form 2		
l				Number of parties to be served in this case	7	
				Check for service on U.S.A.	,	
Signature of Attender Originator rec	questing service on beh	alf of:	PLAINTIFF	TELEPHONE NUMBER	DATE	
Showark	(CA)		DEFENDANT	(415) 522-2099	8/27	¹ /08
SPACE BELOW FOR U	CE CELLS M	ADCHALO	NIV DONO	T WRITE BELO	W THI	LINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	tal Process District of Origin	District to Serve	Signature of Author	ized USMS Deputy or Clerk		Date
than one USM 285 is submitted)	No	_ No				
I hereby certify and return that I have on the individual, company, corporation,	e personally served , at the address sho	have legal evidence wn above on the on	e of service, have the individual, compa	executed as shown in "Reminy, corporation, etc. shown	arks", the pro at the address	cess described inserted below.
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Address (complete only different than sho	own above)			Date	Time	☐ ar ☐ pr
				Signature of U.S	Marshal or	Deputy
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- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 - 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Case 3:08-cv-01266-CRB Document 5-2 Filed 08/27/2008 Page 2 of 7 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

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PLAINTIFF Frank J. Ferr	nandez		_					COURT CASE NUMI	BER		
DEFENDANT								TYPE OF PROCESS			
Susan Risenl	noover, et al.							Summons, Order a	nd Com	plaint	
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U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF THE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	C 08-1266 CRB TYPE OF PROCESS Summons, Order a	10 17
SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF THE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	Summons, Order a	10 11
SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF THE ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		ind Complaint
SERVE AT C.E. Wilber, CC II ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		<u>·</u>
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	Senii How or Phoreix 11	O OLIZE ON CONDEMN
Pelican Bay State Prison, P.O. Box 7500, Crescent City, CA 95531		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	T	
	Number of process to be served with this Form 285	3
•	Number of parties to be	7
	served in this case	
	Check for service on U.S.A.	
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(Sign only for USM 285 if more than one USM 285 is submitted) No. No. No.		
I hereby certify and return that I \sum have personally served, \sum have legal evidence of service, \sum have on the individual, company, corporation, etc., at the address shown above on the individual, company		
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named	above (See remarks below)	
Name and title of individual served (if not shown above)		able age and discretion
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Address (complete only different than shown above)	Date	Time
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Case 3:08-cv-01266-CRB Document 5-2 Filed 08/27/2008 Page 4 of 7 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

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See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Frank J. Ferna	andez					COURT CASE NUMI C 08-1266 CRB	BER	
DEFENDANT						TYPE OF PROCESS		_
Susan Risenho	oover, et al.				ľ	Summons, Order a	nd Com	ınlaint
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Frank J. Fernandez						COURT CASE NUMI C 08-1266 CRB	BER	
DEFENDANT						TYPE OF PROCESS		
Susan Risenhoover, et al.					5	Summons, Order a	nd Com	plaint
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PRINT 5 COPIES:

- 1. CLERK OF THE COURT 2. USMS RECORD
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PLAINTIFF Frank J. Fernandez						COURT CASE NUM C 08-1266 CRB	BER	
DEFENDANT					——	TYPE OF PROCESS		
Susan Risenhoover, et al.						Summons, Order a	and Com	nlaint
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4		APAN1, COR	CPORATION, E1	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY I	O SEIZE	OR CONDEMN
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				•				
				2883, Sacramento	, CA 94	283-0001 ———————		
SEND NOTICE OF SERVICE C	OPY TO REQUES	STER AT NA	ME AND ADDR	ESS BELOW		ber of process to be ed with this Form 285	3	
I						aber of parties to be ed in this case	7	
L						ck for service		
SPECIAL INSTRUCTIONS OR All Telephone Numbers, and Es				F IN EXPEDITING SE	ERVICE (Include Business and A	<u>Alternate</u>	Addresses,
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Signature of Attorna other Origin	nator requesting se	ryce on behal	<u> </u>	PLAINTIFF DEFENDANT		ONE NUMBER	DATE 8/27	
Leila	Kas			DEFENDANT	(415)	522-2099	8/27	/08
SPACE BELOW FO	OR USE OF			DEFENDANT	(415) : OT WI	522-2099 RITE BELOW	8/27	/08
SPACE BELOW FO	OR USE OF	U.S. MA	ARSHAL O	DNLY DO NO	(415) : OT WI	522-2099 RITE BELOW	8/27	/08 LINE
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- PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD

 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice

United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Frank J. Ferr	nandez						COURT CASE NUM C 08-1266 CRB	BEK	
DEFENDANT	<u></u>						TYPE OF PROCESS		
Susan Risen!	hoover, et al.						Summons, Order a	and Com	plaint
	NAME OF INDI	VIDUAL, COM	PANY, COF	RPORATION. E	TC. TO SERVE OR D	ESCRIPTI	ON OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE	N. Grannis, Cl	hief of Inmat	e Appeals						
AT	ADDRESS (Street	et or RFD, Apar	tment No., C	ity, State and ZI	P Code)				
	California Dep	partment of C	Corrections	s, P.O. Box 9	42883, Sacramente	o, CA 94	283-0001		
SEND NOTICE	OF SERVICE COP	Y TO REQUES	TER AT NA	ME AND ADD	RESS BELOW		nber of process to be ed with this Form 285	3	
ı							nber of parties to be ed in this case	7	
L							ck for service		
All Telephone :	Numbers, and Estim	uieu 11mes Ava	navie jor Sei	гисеј:					Fold
Signature of Att	torne wither originate	or requesting ser	vice on beha		▼ PLAINTIFF □ DEFENDANT		ONE NUMBER 522-2099	DATE 8/27	
<u> </u>	ela	<u>Kax</u>	<u> 10</u>			(415)	522-2099	8/27	/08
SPACE I acknowledge roumber of proces	BELOW FOR receipt for the total ess indicated.	<u>Kax</u>	<u> 10</u>		ONLY DO N	(415) : OT W	522-2099	8/27	/08
SPACE I acknowledge r number of proce (Sign only for U	BELOW FOR	USE OF	U.S. MA	ARSHAL District to	ONLY DO N	(415) : OT W	522-2099 RITE BELOW	8/27	/08
SPACE I acknowledge r number of proce (Sign only for U than one USM 2	BELOW FOR receipt for the total ess indicated. ISM 285 if more 285 is submitted) and return that I	Total Process	U.S. MA District of Origin No served ,	District to Serve No	ONLY DO N	(415) OT WI	S22-2099 RITE BELOW AS Deputy or Clerk as shown in "Remark:	8/27/ 7 THIS	Date
SPACE I acknowledge r number of proce (Sign only for U than one USM 2 I hereby certify a on the individua	BELOW FOR receipt for the total ess indicated. ISM 285 if more 285 is submitted) and return that I	Total Process have personally ion, etc., at the am unable to lo	U.S. MA District of Origin No served , address show cate the indiv	District to Serve No	DEFENDANT ONLY DO N Signature of Authorities nice of service, have	OT WI	AS Deputy or Clerk as shown in "Remarks oration, etc. shown at the	8/27/ 7 THIS	Date
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